

Children's Medicaid Redesign Overview

Presented by: Molina Healthcare of New York, Inc.



Summary of Transition

Program Summary

- Who can obtain these services?
 - Children and Youth (under age 21) who are covered by Medicaid and have mental health and/or substance use needs, can get Children and Family Treatment and Support Services at no additional cost. These services are covered by regular Medicaid or, if enrolled in a Medicaid Managed Care plan*, these services are available through the health plan.

- How will these services help?
 - These children's services meet the individual needs of children and their families/caregivers by:
 - Identifying mental health and/or substance use needs early
 - Providing support in the home and community
 - Preventing the need for emergency room visits, hospital stay or out of home placements

Three Components to Children's Redesign

- Population
 - Medically Fragile Children
 - Previously MMC Exempt (Waiver Children)
 - VFC- Volunteer Foster Care
- Benefits
 - 6 New Plan Benefits
 - Behavioral Health Carve in for Children under 21 (SSI)
 - Home and Community Based Services for Children
- Program
 - Consolidate Waiver
 - HCBS (Home and Community Based Services)
 - Health Home Serving Children

Timeline of Transition

January 1, 2019

- Benefits

- 3 New Plan Benefits

- OLP – Other Licensed Practitioners

- A non-physician licensed behavioral health practitioner (NP-LBHP) is an individual who is licensed in the State of New York to prescribe, diagnose, and/or treat individuals with a physical, mental illness, substance use disorder, or functional limitations at issue, operating within the scope of practice defined in State law and in any setting permissible under State practice law.

- Benefits

- » Assessments for mental health and/or substance use needs.
- » Identify strengths and abilities through individual or group therapies.
- » Obtain individual, group, or family therapy where you are most comfortable.

- Community Psychiatric Support and Treatment

- CPST is designed to provide community-based services to children and families who may have difficulty engaging in formal office settings, but can benefit from community based rehabilitative services.

- Benefits

- » Learn to incorporate therapy goals into everyday life and receive extra support managing medication
- » Build relationships and communicate better with family, friends and others
- » Learn self-care, and use coping skills to manage emotions
- » allows for delivery of services within a variety of permissible settings including community locations where the beneficiary lives, works, attends school, engages in services (e.g. provider office sites), and/or socializes.

January 1, 2019

- Benefits (cont.)
 - Psychosocial Rehabilitation Supports
 - Psychosocial Rehabilitation Services (PSR) are designed for children and their families to assist with implementing interventions outlined in the treatment plan to eliminate interpersonal and/or behavioral health barriers associated with a child/youth's behavioral health needs.
 - Benefits
 - » Get support if you are raising youth with mental health and/or substance use challenges.
 - » Provided by a Credentialed Family Peer Advocate/Certified Recovery Peer Advocate who has similar experiences.
 - » Locate information and resources available to meet the youth/family's needs.
 - » Building and strengthening natural supports and resources.

March 2019

- Managed Care Plans begin Health Home and HCBS (Home and Community Based Service) POC (plans of care)
- Department of Health distributes Managed Care enrollment notices to affected Members.
- 3/14/19 – Last Day for affected Beneficiaries to select Plan for 4/1/19 enrollment.
- Consolidated Waivers become known as #NY.4125 effective close of business. (5pm EST.)

April 2019

- Population
 - Consolidated Waiver Recipients previously exempt from Managed Care Enrolled
- Benefits
 - HCBS Services included in Managed Care Benefit Package
- Program
 - New HCBS/LOC (level of care) Eligibility Determination to begin
- Misc.
 - VFCA/MCO claims testing begins

May 2019

- MMC Plan Selection begins for children in VFCA
 - FE's/Assistors/Member Services preparedness needed

July 2019

- Population
 - Consolidated Waiver Recipients previously exempt from Managed Care Enrolled
 - SSI – BH
 - Begin Enrollment of VFCA recipients into Managed Care
- Benefits
 - Addition of 1 SPA – Family Peer Services (in both MMC & FFS)
 - Carve in of BH services for Children <21 (SSI)
- Program
 - New HCBS/LOC Eligibility Determination to begin
 - IE begins Evaluation Process for children new to MA needing HCBS Services.

January 2020

- Population
 - N/A
- Benefits
 - 2 remaining SPA services
 - Youth Peer Support & Training
 - Crisis Intervention
- Program
 - N/A

Operational Review

Complaints, Grievance, Dispute Timelines and Requirements

- Turn Around Timeframes
 - Standard Grievance
 - Acknowledgement 15 business days
 - Resolution 60 calendar days
 - Expedited Grievance
 - Resolution 2 business days
 - Complaints
 - Resolution 30 calendar days
 - Disputes
 - Resolution 30 calendar days
- Changes
 - No changes to current timeframes due to the Children's Carve In

After Hours and Crisis Triage Protocols

- Policy/Procedure
 - Molina Member Service Representatives receiving any call appearing to be in crisis state, (i.e. clinical emergency, suicidal, homicidal, etc.) will be immediately connected with the local 911 dispatch.
 - Representative will remain on the call and facilitate communication with the 911 dispatch until responders have arrived on the scene and are present with the Member.
 - Molina Member Service Representatives receiving any call appearing to be Urgent, or case specific to obtaining Clinical Behavioral Health interventions, will be triaged to their case manager at the Molina. Should the member not have an active case manager, the nurse advice line is contacted. Molina will not leave a Member on the phone unattended during this time frame, and will additionally facilitate the communication until full Clinical intervention is prevalent.
 - Once alerted, a Clinician will immediately take the call from the Member Services Representative. The Member is not placed on hold, or left unattended at any time throughout this process.
 - Should a member or provider call regarding an authorization, the Member Services Representative will open the authorization grid located on the Molina website, and review whether the service in question requires an authorization.
 - If it is deemed that an authorization is required for the service in question, the Member Service Representative will warm transfer the call into the Health Care Services call queue for processing.

After Hours and Crisis Triage Protocols (cont.)

- Molina Member Service Representatives receiving any call going beyond the standard service requirements for a foster care, medically fragile, or developmentally disabled child, will be triaged to the clinical care team at the Molina for further assistance linking to children serving systems.
- If a Member call requires a language translator, the Member Services Representative will obtain said translator, either internally when possible, or via telephonic interpretive services.
- Molina additionally uses the TTY New York Relay for a Member that is hearing impaired. Interpreter services are offered at every new contact, and are documented in the QNXT call tracking system.

Clinical Review

Overview of existing Behavioral Health SPA services

- What are BH SPA services?
 - The behavioral health SPA services are:
 - Other Licensed Practitioners
 - Community Psychiatric Support and Treatment
 - Psychosocial Rehabilitation
 - Family Peer Services
 - Youth Peer Support & Training
 - Crisis Intervention
- How does someone qualify?
 - An assessment is initially done by an SDE or State Designated Entity
 - Upon approval of HCBS services, a plan of care must be completed for the member and submitted to the health plan.
 - Once the member is fully approved, an authorization will be entered into the system for that member and the services they are approved for.
- Who are the providers and how do you search for them?
 - The providers can all be found in the online directory.

HCBS Eligibility and Operational Requirements

- What are the eligibility requirements?
 - In order to become eligible for Home and Community Based Services, the person must be enrolled in Medicaid Managed Care either in the Health and Recovery Plan or the new Children's program. In addition, an assessment must be done to determine eligibility and the level of care.
- How does someone qualify?
 - Assessments/Plans of Care/Authorization requirements
 - Level of Care determinations follow Interqual criteria. For additional information, [click here](#). Should you be asked a question specifically related to the criteria, refer to your triage process for handing a call off to the clinical staff in NY.
 - Auths are required for any claim billed for these services.

Agency Listing

- Who are the different entities, what do they do?
 - [DOH- Department of Health](#)
 - The governing body over all MCO's in New York State
 - [OMH- Office of Mental Health](#)
 - promote the mental health of all New Yorkers, with a particular focus on providing hope and recovery for adults with serious mental illness and children with serious emotional disturbances.
 - [OASAS- Office of Alcoholism and Substance Abuse Services](#)
 - improve the lives of all New Yorkers by leading a comprehensive premier system of addiction services for prevention, treatment, and recovery
 - [OCFS- Office of Children and Family Services](#)
 - serves New York's public by promoting the safety, permanency and well-being of our children, families and communities.
 - [LDSS- Local District of Social Services](#)
 - provide or administer the full range of publicly funded social services and cash assistance programs.
 - [OPWDD- Office for People with Developmental Disabilities](#)
 - help people with developmental disabilities live richer lives
- Additional information regarding the entities can be found in the NY Contact List or on their websites.

Health Home Model

- What is the health homes role
 - It is a group of health care and service providers working together to make sure you get the care and services you need to stay healthy. Once you are enrolled in a Health Home, you will have a care manager that works with you to develop a care plan. A care plan maps out the services you need, to put you on the road to better health. Some of the services may include:
 - Connecting to health care providers,
 - Connecting to mental health and substance abuse providers,
 - Connecting to needed medications,
 - Help with housing,
 - Social services (such as food, benefits, and transportation) or,
 - Other community programs that can support and assist you.

Health Home Model (cont.)

- What are our current processes?
 - Currently all HARP members and high acuity Medicaid members are assigned to a health home by MHNYS staff. Once assigned, the health home attempts to enroll the member in the program, so that they can then receive the correct plan of care needed.
- Who are our health homes for children?
 - Currently, there are only two children's health homes servicing our counties.
 - The only participating children's health home we have in New York is Children's Health Home of Upstate New York, LLC (CHHUNY).

Frequent Acronyms Index

DOH – Department of Health

OMH – Office of Mental Health

OFCS – Office of Children & Family Services

OASAS – Office of Alcoholism & Substance Abuse Services

OPWDD – Office for People with Developmental Disabilities

SPA – State Plan Add on

OLP – Other Licensed Practitioner

B2H – Bridges to Health

BH – Behavioral Health

PSR – Psychosocial Rehabilitation Services

CPEP – Comprehensive Psychiatric emergency program

CPST – Community Psychiatric Support & Treatment

MMC – Medicaid Managed Care

FFS – Fee For Service

VFCA – Volunteer Foster Care Agency

RRSY – Residential Rehabilitation Services for Youth

FPSS – Family Peer Support Services

HCBS – Home & Community Based Services

SSI – Supplemental Security Income

IE – Independent Entity

Reference Material

DESIGNATION & STAFFING (CREDENTIALING)

- [Adult Behavioral Health Home and Community Based Services Application for Provider Designation](#)
- [Adult Behavioral Health Home and Community Based Services Provider Designation](#)
- [Children's BH Provider Designation Process and Authorization Processes for New Populations/Services](#)
- [Children's Family Treatment and Support Services/HCBS Designation Instructions](#)
- [Children's Family Treatment and Support Services/HCBS Provider Designation Application and Guide](#)
- [National Provider Identifier](#)
- [National Provider Identifier Application](#)
- [OASAS Part 820 Nurses' FAQ](#)
- [OASAS Residential Re-Design Conversion Application](#)
- [OASAS Residential Re-Design Personnel Qualifications Worksheet](#)
- [OASAS Residential Re-Design Application Staffing Worksheet](#)

Reference Material

GENERAL MANAGED CARE

- [Insurance Law Guidance for OASAS Providers](#)
- [NYS Council on Children and Families Multiple Systems Navigator](#)
- [OASAS Part 820 Briefing Paper](#)
- [OASAS Part 820 Glossary of Terms](#)
- [OASAS Residential Re-Design Readiness Guide](#)
- [Value Based Payments Introductory Video](#)
[Consumer Education BH Medicaid Managed Care Video Series](#)

Reference Material (cont.)

HCBS

- [Adult Behavioral Health Home and Community Based Services Application for Provider Designation](#)
- [Adult Behavioral Health Home and Community Based Services Provider Designation](#)
- [Adult BH HCBS: In Their Words - Care Coordinators and Providers](#)
- [Adult BH HCBS: In Their Words - HARP Members](#)
- [Adult BH HCBS Prior and/or Continuing Authorization Request Form](#)
- [Adult BH HCBS Quality/Infrastructure Program Guidance](#)
- [Adult BH HCBS Quality/Infrastructure Program Proposal Template](#)
- [Adult BH HCBS Resource Guide for Health Home Care Management Agencies](#)
- [Adult BH HCBS Workflow Guidance](#)
- [Children's Health and Behavioral Health Home and Community Based Services Draft Manual](#)
- [Children and Family Treatment and Support Services/HCBS Provider Designation Application and Guide](#)
- [Continuity of Care for Recipients of Adult BH HCBS Awaiting Reassessment](#)
- [Guidance Memo: Adult BH HCBS in Homeless Settings](#)
- [Level of Service Determination and Plan of Care Workflow Tool for Adult BH HCBS Providers and CMAs](#)
- [Plan of Care Template](#)
- [State Designated Entity Policy Guidance](#)

Reference Material (cont.)

MANUALS & CLINICAL GUIDANCE

- [Adult Behavioral Health Home and Community Based Services Manual](#)
- [Ancillary Withdrawal Management for 822 Programs](#)
- [Children's 1115 Waiver Amendment](#)
- [Children's Health and Behavioral Health Home and Community Based Services Draft Manual](#)
- [Children and Family Treatment and Support Services Draft Manual](#)
- [HCBS Settings Guidance for HHCM/Plans](#)
- [OASAS Continuing Care Guidance](#)
- [OASAS Part 820 Policy and Procedure Guidance](#)
- [OASAS Part 820 Transition Planning Checklist](#)
- [OASAS Residential Services Policies, Procedures and Methods Checklist](#)

Links to Provider Billing Guides

- [Behavioral Health Outpatient Revenue Codes](#)
- [Children's Health and BH Services Transitional Billing Supplement](#)
- [Children's Medicaid System Transformation Billing and Coding Manual](#)
- [Children and Family Treatment and Support Rates](#)
- [Children's HCBS Rates](#)
- [HARP HCBS Fee Schedule](#)
- [HARP/Mainstream Billing and Coding Manual](#)
- [HARP/Mainstream Coding Crosswalk](#)
- [OASAS Certified Part 822 Programs Services in the Community Clinical and Billing Guidance](#)
- [OASAS Part 820 Medicaid Enrollment and Managed Care Contracting and Billing](#)
- [OASAS Residential Treatment Revenue Calculator](#)